ORDER FOR SUPPLIES OR SERVICES											PAGE 1 OF	49	
I. CONTRACTYPUR AGRÉEMENT NO GS00Q09BGD00		DER/ CALL NO	ALL NO. 3. DATE OF ORDER/CALL 4. REQ/PURCH. REQUEST NO. (YYYTMMMDD) 2014 Sep 22				5. P	PRIORITY					
6. ISSUED BY CODE N00039 COMMANDER, SPACE AND NAVAL WARFARE SYSTEMS COMMAND 02 CONTRACTS 4301 PACIFIC HIGHWAY SAN DIEGO CA 92110-3127					7. ADMINISTERED BY (if other than 6) CODE S2404A DCMA MANASSAS 10500 BATTLEVIEW PARKWAY, SUITE 200 MANASSAS VA 201092342						8. DELIVERY FOB X DESTINATION OTHER (See Schedule if other)		
NAME 12601 F	DERAL FAIR LAI	CODE INC KES CIR 033-4902	3YVK7		FACILITY 10. DELIVER TO FOB POINT BY (YYYYMMIDD) SEE SCHEDULE 12. DISCOUNT TERMS			(Date) 11.	11. MARK IF BUSINESS IS SMALL SMALL DISADVANTAGED WOMEN-OWNED				
			•				1	IAIL INVOICI Item 15	STOTE	ie addres	S IN BLOCK		
14. SHIP TO	EDUL	CODE		DFAS DFAS P.O.	S COLUMBUS (NTITLEMENT OF		CODE HQ03	38	п	MARK AL ACKAGES PAPERS W DENTIFICAT NUMBERS LOCKS 1 A	AND ITH ITON IN	
16. DELIVE	ERY/ .>	This delivery of	rder/call is issued	on another Gove	emment agency or	r in accordance wit	th and su	bject to terms an-	d condition	s of above num	bered contract.		
OF PURCH	ASE	Reference your Furnish the fol	quote dated lowing on terms sp	occified herein.	REF:								
CGI Federa NAME OF C If this box is 17. ACCOUNTIN	CONT RA	AND CONE ACT OR I, supplier must s	ITIONS SET F Andy Ja ign Acceptance	ORTH, AND CKSON and return th	AGREES TO tally signed by Andy Jackson (b)(6)	- —	E SAM andy Jac	EPRESENT EI SUBJECT TC EE. ckson, Vice Pro YPED NAME	sident Na	vy Programs	2014 Se	ер 18	
18. ITEM NO.	ITEM NO. 19, SCHEDULE OF SUPPLIES				CES	20. QUANTITY ORDERED/ ACCEPTED*		21. UNIT	T 22. UNIT PRI		E 23. AMOUNT		
			SEE SCH		ANGERTOR								
* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual FMAIL: FMAIL: BY:						(b)(6)		26		25. TOTAL 26. DIFFERENCE		113,86	
27a. QUANTITY		ECEIVED	BEEN ACCEPTED, A CONTRACT E										
b. SIGNATURE O	OF AUT					с. DATE (ҮҮҮҮММТ		I. PRINTED I GOVERNMEN				RIZED	
e. MAILING ADI	DRESS (OF AUTHORIZE	ED GOVERNMI	ENT REPRES	ENTATIVE	28. SHIP NO.	. 2	29. DO VOUC	HER NO.	30. INITIALS			
F. TELEPHONE 1		PARTIA	AL 3	1		33. AMOUN CORRECT	OUN'T VERIFIED CCT FOR						
36. I certify this account is correct and proper for payment. a. DATE b. SIGNATURE AND TITLE OF CERTIFYING OFFICEI						31. PAYMEN	ETE				NUMBER		
(YYYYMMMDD)		PARTIAL -			35. BILL O	ILL OF LADING NO.							
7. RECEIVED AT	r	38. RECEIVED	ВҮ -	39. DATE R		40. TOTAL CONTAIN		1. S/R ACCO	ои тис	42. S/R VO	UCHER NO.		